

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044927

Registration District No. 276

Primary Registration District No. 5946

Registrar's No. 53

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

FILED DEC 11 1963

1. PLACE OF DEATH

a. COUNTY Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b  
Rural, Meremec Twsp. 2 weeks

c. FULL NAME OF (If NOT in hospital, give location) Inside Limits  
HOSPITAL OR INSTITUTION 12 Mi. E. of Rolla Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Phelps

c. CITY OR TOWN Rural, Meremec Twsp. Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Reside on Farm  
12 Mi. E. of Rolla Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last  
LAURA LOUISE HEFLIN

4. DATE OF DEATH  
December 2, 1963

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
Oct. 2, 1875

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
88 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
--

11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY  
Phelps County, Mo. U.S.A.

13a. FATHER'S NAME

O. D. Castleman

13b. MOTHER'S MAIDEN NAME

Thryena Groves

14. NAME OF HUSBAND OR WIFE

Charles, dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Earl Heflin Rolla, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH  
sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
hypertension + senility

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☒ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from past 5 or 6 yrs at intervals and last saw her alive on 11-27-63.  
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. E. Feinman, D.

22b. ADDRESS

Rolla, Mo.

22c. DATE SIGNED

12-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial Dec. 4, 1963 Rolla Cemetery

Rolla, Missouri

24. FUNERAL DIRECTOR

Null & Son Funeral Home

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

By Paul E. Hull Rolla

12-4-63

Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

DEC 20 1963

Received 12-4-63. R:13 P.

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Paul E. Hull

Licensed Embalmer No.

4498

P. O. Address

Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.